

## Foster Family Home - Corrective Action Report

Provider ID: 1-511411

Home Name: Carmelita Rodriguez, LPN

Review ID: 1-511411-7

94-960 Lumimoe Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/25/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH made on 11/25/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/25/19.

6.(d)(1)- see applicable sections of the review

### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- Tuberculosis Clearance expired on 10/29/19 for CG#1; CG#2 expired on 10/24/19; and CG#3 expired on 9/5/19.

### Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- Monthly Fire drills forms are blank. Per PCG- had not conducted a fire drill for the months (March 2019- June 2019) while a client was in her care.

### Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Noted clutters inside clients bedroom areas, windows are obstructed by boxes/clutters, there are also clutters (boxes, plastic bags, papers, etc.) in the living room, kitchens, and household members bedrooms.

### Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - Emergency Preparedness Plan form is blank in home binder and no signatures of CG#1, CG#2, CG#3 and CG#4.

*Maribel Nakamine, RN*  
Compliance Manager

*11/25/19*  
Date

*Carmelita E. Rodriguez*  
Primary Care Giver

*11/25/19*  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Carmelita Rodriguez**

CCFFH Address: **94-960 Lumimoe Street, Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	Tuberculosis clearances renewed and updated for CG#1, CG#2, and CG#3 and documents were placed in home binder.	12/10/19	Home will use an iPhone calendar to input all due dates 2 months in advance to prevent future lapses.
46.(a)	Lapse cannot be corrected. However, home will conduct a fire drill as soon as a client is admitted.	12/10/19	Fire Drills will be done by each caregivers. Home will utilize a calendar to schedule each caregivers and posted schedule in front of home binder.
49.(c)(3)	CG#1 and caregivers cleared all clutters in the home- discarded boxes, plastic bags, papers inside clients' rooms and dining area.	12/15/19	Home will maintain a clean and well-kept home to prevent obstructions. All caregivers are to maintain the home neat and tidy.
50.(a)	Emergency Preparedness Plan completed and each caregivers were instructed and trained. CG#1, CG#2, CG#3 and CG#4 signed the document and filed in home binder.	12/10/19	Home made a checklist of necessary documents to complete in order to ensure safety to all clients and household members.

Primary Caregiver's Signature: *Carmelita E. Rodriguez*

Print Name: **Carmelita Rodriguez**

Date of Signature: **12/23/19**